

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

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|--|--|--|--|
| NAME OF COMMITTEE (In Full) American Dental Association Independent Expenditures Committee | | FEC IDENTIFICATION NUMBER ▼ C C00488338 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> | |

| | | | | | |
|---|-------------|--|---|---------------------------|--|
| Full Name of Payee Strategic Groundworks | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">04</table> / <table border="1" style="display:inline-table; margin:0 5px;">25</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table> | | |
| Mailing Address 272 S. Front Street Suite 521 | | | Amount <table border="1" style="display:inline-table; margin:0 5px;">25483.01</table> | | |
| City Columbus | State OH | Zip Code 43215-5027 | Transaction ID : EEF24215FF83B4F2CAC3 | | |
| Purpose of Expenditure Media Buy-GA-03 | | Category/ Type | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> | | |
| Name of Federal Candidate Dr. Drew Ferguson | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House | District: 03 State: GA | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table; margin:0 5px;">43648.44</table> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------|--|--|---------------------------------|--|
| Full Name of Payee | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> | | |
| Mailing Address | | | Amount <table border="1" style="display:inline-table; margin:0 5px;"></table> | | |
| City | State | Zip Code | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> | | |
| Purpose of Expenditure | | Category/ Type | | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> House | District: _____ State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table; margin:0 5px;"></table> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <table border="1" style="display:inline-table; margin:0 5px;">25483.01</table> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <table border="1" style="display:inline-table; margin:0 5px;"></table> |
| (c) TOTAL Independent Expenditures..... ▶ | <table border="1" style="display:inline-table; margin:0 5px;">25483.01</table> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Harrison

[Electronically Filed]

Date

 /

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Signature